

Criteria for Evaluating Health Instructional Materials
for Kindergarten through Grade Eight

(Chapter 6 of the *Health Framework for California Public Schools*)

CRITERIA FOR EVALUATING HEALTH
INSTRUCTIONAL MATERIALS FOR KINDERGARTEN
THROUGH GRADE EIGHT

(Adopted by the State Board of Education, March 6, 2002)

The criteria for evaluating the alignment of instructional materials with the content of the *Health Framework for California Public Schools, Kindergarten Through Grade Twelve* and evaluating the quality of those materials in the areas of grade-level emphases, curriculum content, program organization, assessment, universal access, and instructional planning and support are discussed in this section. These criteria will guide the development and govern the adoption in 2004 of instructional materials for kindergarten through grade eight. The criteria do not recommend nor require one particular pedagogical approach, nor does the numerical order of the criteria within each category imply relative importance. The criteria may also be used by publishers and local educational agencies as a guide for the development and selection of instructional materials for grades nine through twelve.

The criteria are organized into five categories:

1. Health Content/Alignment with Curriculum: The content as specified in the *Health Framework*
2. Program Organization: The sequence and organization of the health instructional materials
3. Assessment: The strategies presented in the instructional materials for measuring what students know and are able to do
4. Universal Access: The information and ideas that address the needs of special student populations, including students identified for special education, English learners, and advanced students
5. Instructional Planning and Support: The instructional planning and support information and materials, typically including a separate edition specially designed for use by the teacher, that assist teachers in the implementation of the health education program

Health materials must support teaching aligned with the *Health Framework*. Materials that fail to meet the health content criteria will not be considered satisfactory for adoption. Only programs that are determined to have met Criterion 1 will be further evaluated under Criteria 2 through 5.

In order to create focused health instructional materials, publishers are asked to concentrate on the content described in the *Health Framework*, especially in Chapter 3, "Health Education," and the Grade-Level Emphases Chart, as adopted by the State Board of Education in March 2002. The instructional materials must not contain extraneous content that is fundamentally contrary to the *Health Framework* and detracts from the ability of teachers to teach readily and students to learn thoroughly the content specified by the *Health Framework*.

Criterion 1: Health Content/Alignment with Curriculum

Instructional materials support the teaching and learning of the skills and knowledge called for at the specific grade levels as outlined in the *Health Framework*, including the emphases

designated in the Grade-Level Emphases Chart. Materials are fully aligned with the framework content. Materials must be scientifically and medically accurate, must be based on current and confirmed research, and must enable students to develop goals of lifelong positive health behaviors and attitudes. Materials must meet all criteria. Materials with a glaring weakness or significant omission are not worthy of adoption. Programs with inaccuracies or errors that hinder the teaching of health content will not be considered for adoption. To be considered suitable for adoption, health instructional materials must provide:

1. Evidence and appropriate references, with page numbers, that demonstrate alignment with the Grade-Level Emphases Chart and content found in Chapter 3
2. Support of all content, as specified at each grade level, by topics, concepts, lessons, activities, examples, and/or illustrations, as appropriate
3. Integration and coordination with the eight components of coordinated school health¹ and support of the four unifying ideas of coordinated school health²
4. Accurate content to support health instruction as outlined in the *Health Framework* and in pertinent *Education Code* sections
5. Interesting and engaging health content that provides students with methods of evaluating the accuracy of health information claims through the use of scientific criteria and, when appropriate to the grade level, explains how to apply information to assess health-related behaviors
6. Medical and health vocabulary used appropriately and defined accurately.
7. Scientifically and medically accurate content that reflects current practices in use or recommended by health professionals
8. Direct instruction and activities that focus on students improving and demonstrating proficiency in the topics noted in the Grade-Level Emphases Chart
9. Instruction that is appropriate to the grade level and develops health literacy (Health literacy is the capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways that assist in maintaining and enhancing health.)
10. When appropriate, opportunities for students to increase their knowledge and understanding of health while reinforcing the skills and knowledge called for in the physical education, reading/language arts, mathematics, science, history-social science, and visual and performing arts curriculum frameworks
11. When appropriate, opportunities for students to evaluate the accuracy of health-related information and to seek reputable resources and information
12. When called for by the Grade-Level Emphases Chart, introduction or review of topics that are emphasized at another grade level

¹ Health Education; Physical Education; Health Services; Nutrition Services; Psychological and Counseling Services; Health Promotion for Staff; Safe and Healthy School Environment; and Parent and Community Involvement (see Chapter 4, "Beyond Health Education").

² Acceptance of personal responsibility for lifelong health; Respect for and promotion of the health of others; An understanding of the process of growth and development; and Informed use of health-related information, products, and services (see Chapter 3, "Health Education"). Also important is reinforcing instruction on health behavior and health literacy through a collaborative effort by parents, the school, and the community.

13. Compliance with all relevant *Education Code* sections, including sections 233.5, 51201.5, 51240, 51513, 51550, and 51553-55

Materials being considered for adoption must meet Criterion I before being evaluated according to Criteria 2 through 5.

Criterion 2: Program Organization

The sequential organization of the health instructional materials provides structure for what students should learn at each grade level and allows teachers to convey the health content efficiently and effectively. The materials are well organized and presented in a manner that provides all students opportunities to acquire the essential knowledge and skills described in the *Health Framework*. Materials must designate which grade levels are being addressed. To be considered suitable for adoption, health instructional materials must provide:

1. Alignment with the *Health Framework*, introducing new knowledge and skills at a reasonable pace and depth of coverage and explicitly preparing students for later grade levels
2. Organization that provides a logical and coherent structure to facilitate efficient and effective teaching and learning within the lesson, unit, and grade level as described in the *Health Framework* and the Grade-Level Emphases Chart
3. Clearly stated student outcomes and goals that are measurable and are based on the framework
4. An overview of the content in each chapter or unit that designates how the lesson supports the *Health Framework*
5. A well-organized structure that provides students with the opportunity to learn the Grade-Level topics and build on knowledge and skills acquired at earlier grade levels
6. A variety of activities and texts that organize the Grade-Level content in a logical way so that students develop prerequisite skills and knowledge before they are introduced to the more complex concepts and understandings of the topic
7. Tables of contents, indexes, glossaries, content summaries, references, and assessment guides that are designed to help teachers, parents or guardians, and students use the materials

Criterion 3: Assessment

Assessment should measure what students know and are able to do. Instructional materials should contain multiple measures to assess student progress. Assessment measures should reveal students' knowledge and understanding of the health content. Assessment tools that publishers include as part of their instructional material should provide evidence of students' progress toward meeting the skills and knowledge identified in the Grade-Level Emphases Chart. Assessment tools should provide information that teachers can use in planning and modifying instruction to help all students. To be considered suitable for adoption, health instructional materials must provide:

1. Strategies or instruments that teachers can use to determine students' prior knowledge

2. Multiple measures of individual student progress at regular intervals to evaluate attainment of Grade-Level knowledge, understanding, and ability to independently apply health concepts, principles, theories, and skills and to evaluate students' abilities to evaluate the accuracy of health-related information and to seek reputable resources and information
3. Guiding questions for monitoring student comprehension
4. Assessments that students can use to evaluate and improve the quality of their own work
5. Formative, summative, and cumulative assessments to evaluate students' work

Criterion 4: Universal Access

Instructional materials should provide access to the curriculum for all students, including those with special needs: English learners, advanced learners, students with learning difficulties, special education students, and other students with special needs. Materials must conform to the policies of the State Board of Education as well as to other applicable state and federal guidelines pertaining to diverse populations and students with special needs. To be considered suitable for adoption, health instructional materials must provide:

1. Suggestions based on current and confirmed research for adapting the curriculum and the instruction to meet students' assessed special needs
2. Strategies to help students who are below grade level in reading, writing, speaking, and listening in English to understand the health content
3. Suggestions for advanced learners that are tied to the *Health Framework* and that allow students to study content in greater depth

Criterion 5: Instructional Planning and Support

Support materials for teachers should be built into the instructional materials and should specify suggestions for and illustrate examples of how teachers can implement the *Health Framework* in a way that ensures an opportunity for all students to learn the essential skills and knowledge called for in the *Health Framework*, including health literacy. These criteria do not recommend or require a particular pedagogical approach. Publishers should make recommendations to teachers regarding instructional approaches that fit the instructional goals. Materials should provide teachers with a variety of instructional approaches. To be considered suitable for adoption, planning and support resources must provide:

1. Clearly written and accurate explanations of health content, with suggestions for connecting health concepts with other areas of the curriculum
2. Strategies for addressing and correcting common misconceptions about health topics
3. A variety of pedagogical strategies
4. Lesson plans, suggestions for organizing resources in the classroom, and ideas for pacing lessons
5. Support for or access to confirmed, research-based programs
6. A list of materials, educational resources, and tools that align with the recommendations in the *Health Framework*

7. Suggestions and information for teachers to locate, interpret, convey, and apply medically and scientifically accurate content and current, confirmed research
8. Suggestions for how to use student assessment data within the program for instructional planning purposes
9. Technical support and suggestions for appropriate use of audiovisual, multimedia, and information technology resources associated with a unit
10. Suggestions for linking the classroom with reputable community resources in a manner consistent with state laws and school policies
11. Suggestions for activities and strategies for informing parents or guardians about the health program and creating connections among students, parents, guardians, and the community
12. References and resources to guide teachers' further study of health topics and suggestions
13. Demonstration of electronic resources (videos, DVDs, CDs) depicting appropriate teaching techniques and offering suggestions for teachers
14. Homework assignments that support classroom learning, give clear directions, and provide practice and reinforcement for the skills taught in the classroom
15. Suggestions for encouraging students to study content in greater depth
16. In the teacher's edition, ample and useful annotations and suggestions for presenting the content of the student edition and ancillary materials